

KNOX & DISTRICT WOODWORKERS CLUB INC

MEMBERSHIP APPLICATION

FAMILY NAME		GIVEN NAME	
Title	Mr. Mrs. Ms. Miss. <i>(Please circle if desired)</i>	DOB	
Address			
Suburb		Postcode	
Home phone		Work phone	
Mobile			
Email			
Partners Name		<i>Optional</i>	
Relationship		<i>Optional</i>	
Is this person your emergency contact?	Yes	No**	<i>(please circle)</i>
<i>**If no please complete contact details below</i>			
Contact name			
Contact numbers	1	2	3
Your Interests <i>(Optional)</i>			
Non wood working areas of expertise <i>(Optional)</i>			
<p>I have read the privacy statement below and I *AGREE / DO NOT AGREE that my details may be used in the manner so described. <i>*Delete one.</i></p> <p>I undertake within one month of joining to read and understand the KDWC safety procedures. I will sign and lodge the said confirmation form, prior to using any power equipment. Questions or concerns must be raised with the committee before signing.</p>			
Signed		Date	
Privacy	<p>The information supplied is for club records and will not be made available to any outside organisation unless required for medical treatment. Some details may be circulated within the club in the form of a member listing. I will not distribute personal details of other members to outside organisations without explicit permission.</p>		
OFFICE USE ONLY			
Date received		Date recorded on data base	
Name badge issued		Notes	
		Payment received & receipt No.	

